06079

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6071 **CERTIFICATE OF DEATH** Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City
LENGTH OF STAY (in this place) 42
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 Maple St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City, Md 42
STREET ADDRESS (If rural give location) 212 Maple Street

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) May (Last) Lydelotte

4. DATE OF DEATH: (Month) June (Day) 7th (Year) 1955

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: Feb 10th 03 | 9. AGE last birthday 52 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Truck Plant | 10B. KIND OF BUSINESS OR INDUSTRY: Poultry | 11. BIRTHPLACE (State or foreign country): New Church Va | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Millie Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 219-05-5710 | 17. INFORMANT & ADDRESS: John L. Lydelotte 212 Maple St Pocomoke City Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Hemorrhage of Lungs — INTERVAL BETWEEN ONSET AND DEATH: Hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) T.B. of Lungs — over year
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes — 5 Y

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19[illegible], to June, 19 55 that I last saw the deceased alive on June 6, 1955, and that death occurred at 10A M. from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS DATE SIGNED
H E Bartonia Pocomoke City Md 6/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-12-55 | NAME OF CEMETERY OR CREMATORY Ward town | LOCATION (City, town, or county) Pocomoke Md (State)

DATE REC'D BY LOCAL REGISTRAR June 12, 1955 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR Edgar Hunton ADDRESS Newtown

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06080

Item 7 Film G183 6-27-55 et

6072 CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, md
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Cary (Middle) (Last) Bell

4. DATE OF DEATH (Month) June (Day) 11 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: C. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 8. DATE OF BIRTH: August 14 1887 9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10B. KIND OF BUSINESS OR INDUSTRY: Junker 11. BIRTHPLACE (State or foreign country): Oklahoma 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Bell 14. MOTHER'S MAIDEN NAME: Savannah Tittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 216-14-8826 17. INFORMANT & ADDRESS: Ellen Davis, Pocomoke

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X IMMEDIATE CAUSE (A) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

ANTECEDENT CAUSE (S) DUE TO Post operative

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: 13/20/55 19B. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach-For advanced 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1955, to 6/11, 1955, that I last saw the deceased alive on 6/11, 1955, and that death occurred at 6P M, from the causes and on the date stated above.

SIGNATURE Annie M. Bedford M. D. ADDRESS 508-5th ave Pocomoke DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried DATE THEREOF 6-17-55 NAME OF CEMETERY OR CREMATORY Richardson memorial Parkley, Va. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR June 20, 1955 REGISTRAR'S SIGNATURE Anne E. White 24. FUNERAL DIRECTOR Edson Richardson ADDRESS Merchantville

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06081

6074 CERTIFICATE OF DEATH Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): About 4 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Route # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural give location): Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Bundick

4. DATE OF DEATH: (Month) 6 - 3 (Day) (Year) 1955

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-8-31

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR: Months 10 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Peanut Factory

11. BIRTHPLACE (State or foreign country): Franklin, Southhampton Co. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Henry

14. MOTHER'S MAIDEN NAME: Maria Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 230-46-4515

17. INFORMANT & ADDRESS: Mr. Samuel Hendricks, Franklin, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic heart disease — 9 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1955, to June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jno. H. Seeley, Jr. M.D. Berlin, Md. June 4, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-4-55 — NAME OF CEMETERY OR CREMATORY: Franklin Cemetery — LOCATION (City, town, or county) (State): Franklin, Southampton Co. Va.

DATE REC'D BY LOCAL REGISTRAR: 6-4-55 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Mary A. Stewart, ADDRESS: 324 E. Church St. Salisbury, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06082

6075

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Wilson (Last) Cottingham

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Dec. 7 - 1894 | 9. AGE last birthday: 60/5/25 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fisherman | 10B. KIND OF BUSINESS OR INDUSTRY: No | 11. BIRTHPLACE (State or foreign country): Snow Hill Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jonathan Cottingham | 14. MOTHER'S MAIDEN NAME: Virginia Wilson Cottingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | If Yes, give war or dates of service | 16. SOCIAL SECURITY NO. No | 17. INFORMANT & ADDRESS: Mrs J. Wilson Cottingham, Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1 (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 Hours

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hypertensive Cardiovascular Disease — 5 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to June 2, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 8:15 P M, from the causes and on the date stated above.

SIGNATURE Robert Lee Turner M. D. ADDRESS Snow Hill DATE SIGNED 6-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: June 5 55 | NAME OF CEMETERY OR CREMATORY: Makemie Presbyterian Church | LOCATION (City, town, or county) (State): Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR: June 4, 55 | REGISTRAR'S SIGNATURE: Elwyn C. Cooper | 24. FUNERAL DIRECTOR: Wm. C. Timmis | ADDRESS: Snow Hill Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06083

6076 CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Berlin
LENGTH OF STAY (in this place) 65
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin. X
STREET ADDRESS (If rural give location) R2D (Ironshire) 1

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) (Last) CRANFIELD

4. DATE OF DEATH: (Month) JUNE (Day) 20 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 20, 1889
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE CRANFIELD
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Mrs. Gladys Mitchell, Berlin, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431X
IMMEDIATE CAUSE (A) Acute Myocarditis
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO
(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-3, 19..., to 6-20, 19..., that I last saw the deceased alive on 6-18, 19..., and that death occurred at 10:1... M. from the causes and on the date stated above.
SIGNATURE Clifford E. Abbott M. D. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/23/55
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) (State) Berlin Md

DATE REC'D BY LOCAL REGISTRAR June 23, 1955
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

6077 06084

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

1. PLACE OF DEATH: Ocean City
COUNTY Worcester - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boto Ave at 6th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3717 Warren St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Francis (Last) CRONIN
4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	Sept. 14 1936	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Louisville, Kentucky
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomas J. CRONIN
14. MOTHER'S MAIDEN NAME: Nora Magrath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: T J Cronin, father, Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning, accidental — DUE TO — Interval between onset and death: Moments

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Ocean
21c. (City or town) Ocean City (County) Wo (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4:44 PM June 25 1955 P.M.
21e. INJURY OCCURRED While at work ☐ / Not while at work ☑
21f. HOW DID INJURY OCCUR? while bathing in Ocean.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE T J Cronin M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED June 26 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/29/55	Mt. Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 26, 1955	Helen F. Hayward	Dennis A. Burkey	Berlin Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN TO BE LEFT FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07239

: 6078

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X R.F.D. #1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill, Maryland X
STREET ADDRESS (If rural give location) Snow Hill, Md.

3. NAME OF DECEASED: (Type or Print) (First) Sidney (Middle) Edward (Last) Drummond

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH. Feb. 26, 1880

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Purnell Drummond

14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Christeana S. Drummond Snow Hill, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4-4-1 (A) DUE TO Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (B) DUE TO Congestive Heart Failure — 2 Weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Aneurysm of the aorta — Several years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1955, to 6/27, 1955, that I last saw the deceased alive on 6/27, 1955, and that death occurred at 1:00 AM, from the causes and on the date stated above.
SIGNATURE Irving U. Purdy, Jr. M.D. ADDRESS Berlin, Md DATE SIGNED 6/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-29-55 — NAME OF CEMETERY OR CREMATORY Parade — LOCATION (City, town, or county) (State) Bramcock Va.

DATE REC'D BY LOCAL REGISTRAR June 29 1955 — REGISTRAR'S SIGNATURE Elwyn E. Cooper

24. FUNERAL DIRECTOR ADDRESS Edgar Winston New Church, Va.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6979 06085

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Berlin Rural #3
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shuttland
STREET ADDRESS (If rural, give location) 25 X 3

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) (Last) Duncan

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: April 7-1894 | 9. AGE last birthday: 61-2-14 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Duncan
14. MOTHER'S MAIDEN NAME: May Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT'S NAME AND ADDRESS: Edith Simmons Berlin, Md Rural #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (1 to 3 X)	(a) Asphyxia DUE TO	5 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (2049)	(b) Hemorrhage in Trachea DUE TO	15 Min.
	(c) Carcinoma Right Lung	1 Yr.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Right Tibia Nov. 1954

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert L. La Mar M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF June 24/55 | NAME OF CEMETERY OR CREMATORY Taylor Gate | LOCATION (City, Town, or County) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. June 23, 1955 | REGISTRAR'S SIGNATURE Helen L. Haywards | FUNERAL DIRECTOR Elias E. Timmis | ADDRESS Snow Hill, Md

06086

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6073

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke 42
STREET ADDRESS (If rural give location) Market Street

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) R. (Last) Figgs

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single Yet | 8. DATE OF BIRTH: 10-1881 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer (own)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. Figgs
14. MOTHER'S MAIDEN NAME: Jane Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Francis Figgs Pocomoke Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Cant Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Chronic Myocarditis — Several years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Per. Anemia — DK.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nerv system Non Corporation

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1954 to June 23, 1955 that I last saw the deceased alive on June 23, 1955 and that death occurred at 3 P M, from the causes and on the date stated above.
SIGNATURE J. E. Santorino M. D. ADDRESS Pocomoke City Md DATE SIGNED 6 24 55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF June 25-1955 | NAME OF CEMETERY OR CREMATORY Salem M. E. Cemetery | LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 25, 1955 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR AND ADDRESS Henry A. Watson, Pocomoke Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06087

6080

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Snow Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Sidny (Last) Godfrey

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Sept 6-1861 | 9. AGE last birthday: 93-9-8 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William I Godfrey
14. MOTHER'S MAIDEN NAME: Mary A. Mears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Margie E. Godfrey Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 14 Hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Myocardial Insufficiency — 3 wks

(C) Acute Coronary Occlusion — 14 Hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19.. to June .., 19.., that I last saw the deceased alive on June 16.., 1955, and that death occurred at 11 AM from the causes and on the date stated above.

SIGNATURE Robert L. LaMar M.D. ADDRESS DATE SIGNED 6-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 19/55
NAME OF CEMETERY OR CREMATORY Bates Memorial
LOCATION (City, town, or county) (State) Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE June 19, 55 Elwyn E. Cooper
24. FUNERAL DIRECTOR
ADDRESS Snow Hill Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6781

17241

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 62 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Bell (Last) Holloway

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: April 28-1863 | 9. AGE last birthday 92/2/2 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own Home | 11. BIRTHPLACE (State or foreign country): Parsonsburg, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Riley | 14. MOTHER'S MAIDEN NAME: Mary Jane Bethard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mrs Ralph E Shockley Snow Hill Md Rural #2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) 422.1	Acute Pulmonary Edema	1 day
ANTECEDENT CAUSE (S) DUE TO (B)	Myocardial F. Insufficiency + Arteriosclerosis	5 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (1404.1) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fracture Left Femur	3 months

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1955, to June 30, 1955, that I last saw the deceased alive on June 30, 1955 and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE Robert LaMar M. D. ADDRESS Snow Hill DATE SIGNED 7-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 4 '55 | NAME OF CEMETERY OR CREMATORY Harmony Grove | LOCATION (City, town, or county) (State) Parsonsburg, Md

DATE REC'D BY LOCAL REGISTRAR July 2, 55 | REGISTRAR'S SIGNATURE Evelyn E. Cooper | 24. FUNERAL DIRECTOR Clarence E. Timms | ADDRESS Snow Hill, Md

6982 06058

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 352

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Caroline Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY —
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 14 3 Vol. 4
STREET ADDRESS (If rural, give location) 4605 Elsrode Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	Phillip	Lohrey	June	25	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	Oct 11 1903	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Policeman	City Police	Baltimore Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Phillip Henry Lohrey	Jomie Solomon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	215-32-6218	Mrs. Ursula M. Lohrey 4605 Elsrode Ave Baltimore 14, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis, acute	15 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic C.V.D.	10 years
	(c) DUE TO Diabetes Mellitus	1 year

II. OTHER SIGNIFICANT CONDITIONS ~~CONTRIBUTING~~ TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dawsmed. Jr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED June 25, 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 28 1955	Oakland Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27, 1955	Helen F. Hayward	Anna D. Bunting	Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

6983 06089

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural — Stockton -
STREET ADDRESS (If rural, give location) Rabbit Quarter

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Stephen (Last) Longhurst
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 8/15/1949 | 9. AGE Last birthday: 5 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): at home | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Memphis Tenn | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Donald Stephen Longhurst | 14. MOTHER'S MAIDEN NAME: Viola C. Gant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — | (If Yes, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Donald S. Longhurst Rural Stockton 2nd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured Skull DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Struck by an Automobile DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Road | 21c. (City or town) Stockton R2 | (County) Worcester | (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 4 1955 2:10 P.M. | 21e. INJURY OCCURRED While at work ☐ / Not while at work ☑ | 21f. HOW DID INJURY OCCUR? Struck by a Dodge Automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M.E. Authorized M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ | DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF June 8-1955 | NAME OF CEMETERY OR CREMATORY Pleasant ME Cemetery | LOCATION (City, town, or county) Rural Pocomoke Md | (State)

DATE REC'D BY LOCAL REG. June 8 1955 | REGISTRAR'S SIGNATURE June E. White | 24. FUNERAL DIRECTOR Henry H. Watson | ADDRESS Pocomoke Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6084 **CERTIFICATE OF DEATH** 06090

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Berlin, Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route # 2
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) JASPER (Middle) JAKE (Last) MURRELL

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-15-16

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: Poultry

11. BIRTHPLACE (State or foreign country): Kinston, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilmer Murrell

14. MOTHER'S MAIDEN NAME: Cora Bridgens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 243-16-3153

17. INFORMANT & ADDRESS: Mrs. Ida Wade, Berlin, Md. P.O. Box 183

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 10-15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Acute myocardial infarction — 4 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☑ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1955, to 6/8, 1955, that I last saw the deceased alive on 6/8, 1955, and that death occurred at 1:30 PM 6/9/55, from the causes and on the date stated above.

SIGNATURE (Degree or title) Leon M. Smedley Jr. MD ADDRESS Berlin, Md DATE SIGNED 6-11-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-13-55 NAME OF CEMETERY OR CREMATORY Evergreen Cemetery LOCATION (City, town, or county) (State) Berlin Md

DATE REC'D BY LOCAL REGISTRAR 6-12-55 REGISTRAR'S SIGNATURE Helen F. Haywood

24. FUNERAL DIRECTOR ADDRESS STEWART FUNERAL HOME Salisbury, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06091

6085

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop, Md. | LENGTH OF STAY (In this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Peter (Last) Postley
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	colored	Married	1870	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	—	Maryland	U.S.A.

13. FATHER'S NAME: Peter Postley
14. MOTHER'S MAIDEN NAME: Charlotte Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—		—	Addie P. Postley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
446X Immediate cause	(a) Uremia sec to Nephrosclerosis chronic	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis, Generalized	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

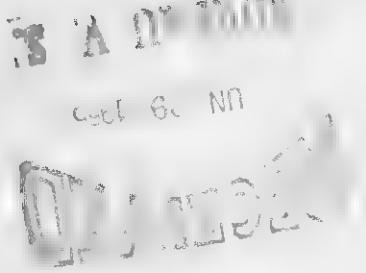
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1950, to 20 June, 1955, that I last saw the deceased alive on 20 June, 1955, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Horace A. Kahler M.D. | Berlin, Md. | 6/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 23, 1955	Whaleyville	Whaleyville	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 29, 1955	Zelda Bergen	Henry N. Watson	Pocomoke City Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06092

6086

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City
STREET ADDRESS (If rural give location) 42 1

3. NAME OF DECEASED: (Type or Print) (First) Leigh (Middle) Anna (Last) Richardson

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: June 20-1873 | 9. AGE last birthday 81/11/32 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Hallwood, Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Nathan

14. MOTHER'S MAIDEN NAME: Fizzie Spence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Carson Richardson, Snow Hill, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

239X IMMEDIATE CAUSE (A) Cachexia and inanition — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Mixed Cell Tumor of the Right Submaxillary Salivary Gland — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955, to June 12, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Dr. Ruth La Mar M. D. ADDRESS Snow Hill DATE SIGNED 6-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 14/55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Greenwood Temperanceville (State) Virginia

DATE REC'D BY LOCAL REGISTRAR June 14, 55 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | 24. FUNERAL DIRECTOR Elwyn E. Timmons | ADDRESS Snow Hill, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6087

CERTIFICATE OF DEATH

06093

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 503 Balto. Ave

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City,
STREET ADDRESS (If rural give location) 503 Balto. Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Alfred (Last) Vawter

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 7, 1872

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Conductor

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Vawter

14. MOTHER'S MAIDEN NAME: Elizabeth Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 719-05-6831

17. INFORMANT & ADDRESS: Mrs Agnes V. Patterson Ocean City, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442 X IMMEDIATE CAUSE	(A) Arteriosclerotic Cardio renal disease	3 years
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic pyelonephritis	1 year

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ....., 1954 to 16 June., 1955; that I last saw the deceased alive on 16 June, 1955, and that death occurred at 5:45 P M, from the causes and on the date stated above.

SIGNATURE H. L. Thomas M. D. ADDRESS Ocean City, Md DATE SIGNED 16 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: June 19, 1955

NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery

LOCATION (City, town, or county) (State): Bluefield, West Virginia

DATE REC'D BY LOCAL REGISTRAR: June 21, 1955

REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Thomas A. Burbage ADDRESS Berlin Md